Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4405AGC	A. BUILDING _____ B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVEL MANOR ASSISTED LIVING	4935 N DURANGO LAS VEGAS, NV 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 10/23/08. The survey was conducted using Nevada Administrative Code (NAC), Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 10 beds. The facility had the following category of classified beds. Category 2 beds. The facility had the following endorsements. Residential facility which provides care to elderly or disabled persons. The census at the time of the survey was 10. Six resident files were reviewed. Four closed resident files were reviewed. Five employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. Complaint # 15442 was substantiated (Tag Y0885) The following regulatory deficiencies were identified:	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 885	Continued From page 1	Y 885		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation, interview and document review it was determined that the facility failed to properly dispose of expired or discontinued medications of three deceased residents and one discharged resident. (Residents #1, #2, #3, #4) Findings include: Observation: On 10/23/08 at 1:50 PM, numerous medications belonging to discharged and deceased residents were located in a desk drawer and office cabinet in the facility coordinators office. Medications located in a cabinet in the coordinators office were prescribed to the following resident and included the following medications.	Y 885		

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Y 885	Continued From page 2 Resident #1 who died on 08/26/08. 1. 22 Carvedilol 3.125 mg (milligram) tablets 2. 24 Namenda 10 mg tablets 3. 23 Remeron 15 mg tablets 4. 60 Risperdal 0.5 mg tablets 5. 12 Senna 8.6/50 mg tablets 6. One 118 cc bottle of Robitussin cough and cold syrup. 7 One 30 cc bottle of Lorazepam 2mg/cc oral concentrate. 8. One 30 cc bottle of Morphine Sulfate 20mg/cc oral concentrate. Medications located inside a desk drawer in the coordinators office were prescribed to the following residents and included the following medications: Resident #2 who died on 09/26/07. 1. 81 Lorazepam 1 mg tablets. 2. 116 Tylenol 325 mg tablets. Resident #3 who died on 02/25/08. 1. One 100 cc bottle of Guaifenesin Cough Suppressant Syrup. Resident #4 who was discharged on 09/30/08 1. 45 Tylenol 325 mg tablets. Interview: On 10/23/08 at 1:50 PM, the facility Coordinator reported she taught medication management classes to caregivers. The Coordinator reported the facilities medication policy indicated discontinued medications would be returned to	Y 885		

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Y 885	Continued From page 3 the pharmacy for credit, given to the family or destroyed by flushing the medication down a commode. The Coordinator confirmed the facilities discontinued medication policy was not followed. The Coordinator reported it was her responsibility to make sure medication belonging to deceased and discharged residents were destroyed or returned to family members or the facilities contracted pharmacy. The Coordinator indicated she was not aware any medications belonging to deceased and discharged residents were being stored in her desk drawers and office cabinets. Document review: The facilities undated medication policy indicated discontinued medications would be returned to the pharmacy for credit, if possible, returned to the family or destroyed by flushing into a commode. Severity: 2 Scope: 2 Complaint #NV00015442	Y 885		